HALES CORNERS CARE CENTER

9449	WEST	FOREST	HOME	AVENUE
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HALES CORNERS 53130 Phone: (414) 529-6888		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	62	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	62	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	57	Average Daily Census:	60

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)	%			
Primary Diagnosis	%	Age Groups 	* 	 Less Than 1 Year 1 - 4 Years	35.1 40.4
Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	24.6
Mental Illness (Org./Psy)	40.4	65 - 74	5.3		
Mental Illness (Other)	0.0	75 - 84	29.8		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	52.6		
Para-, Quadra-, Hemiplegic	1.8	95 & Over	12.3	Full-Time Equivalent	
Cancer	0.0			Nursing Staff per 100 Resid	lents
Fractures	0.0		100.0	(12/31/05)	
Cardiovascular	8.8	65 & Over	100.0		
Cerebrovascular	21.1			RNs	15.7
Diabetes	3.5	Gender	8	LPNs	12.1
Respiratory	0.0			Nursing Assistants,	
Other Medical Conditions	24.6	Male	22.8	Aides, & Orderlies	51.9
		Female	77.2	İ	
	100.0	İ		İ	
		<u> </u>	100.0		

Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care			
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	2	10.0	153	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.5
Skilled Care	11	100.0	343	18	90.0	135	0	0.0	0	26	100.0	234	0	0.0	0	0	0.0	0	55	96.5
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		20	100.0		0	0.0		26	100.0		0	0.0		0	0.0		57	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.3	Bathing	7.0		29.8	63.2	57
Other Nursing Homes	2.6	Dressing	15.8		35.1	49.1	57
Acute Care Hospitals	92.2	Transferring	21.1		42.1	36.8	57
Psych. HospMR/DD Facilities	0.0	Toilet Use	19.3		33.3	47.4	57
Rehabilitation Hospitals	0.0	Eating	73.7		8.8	17.5	57
Other Locations	0.7	******	******	*****	******	******	*****
Total Number of Admissions	153	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.5	Receiving Resp	iratory Care	7.0
Private Home/No Home Health	24.2	Occ/Freq. Incontiner	nt of Bladder	45.6	Receiving Trac	heostomy Care	1.8
Private Home/With Home Health	22.3	Occ/Freq. Incontiner	nt of Bowel	35.1	Receiving Suct	ioning	1.8
Other Nursing Homes	1.9	į			Receiving Osto	my Care	1.8
Acute Care Hospitals	10.8	Mobility			Receiving Tube	Feeding	5.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.5	Receiving Mech	anically Altered Diets	38.6
Rehabilitation Hospitals	0.0	į				_	
Other Locations	0.6	Skin Care			Other Resident C	haracteristics	
Deaths	14.0	With Pressure Sores		3.5	Have Advance D	irectives	91.2
Total Number of Discharges		With Rashes		3.5	Medications		
(Including Deaths)	157	İ			Receiving Psyc	hoactive Drugs	66.7

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

*************	*****	*****	******	*****	*****	*****	*****	*****	*****
		Own	Ownership: Bed Size:			Lic	ensure:		
	This Proprietary				-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	8	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.8	85.1	1.14	87.0	1.11	86.5	1.12	88.1	1.10
Current Residents from In-County	80.7	82.7	0.98	84.6	0.95	84.9	0.95	77.6	1.04
Admissions from In-County, Still Residing	8.5	15.8	0.54	16.8	0.51	17.5	0.49	18.1	0.47
Admissions/Average Daily Census	255.0	247.5	1.03	240.5	1.06	200.9	1.27	162.3	1.57
Discharges/Average Daily Census	261.7	250.7	1.04	242.6	1.08	204.0	1.28	165.1	1.58
Discharges To Private Residence/Average Daily Census	121.7	109.5	1.11	104.8	1.16	86.7	1.40	74.8	1.63
Residents Receiving Skilled Care	100	96.3	1.04	97.6	1.02	96.9	1.03	92.1	1.09
Residents Aged 65 and Older	100	84.6	1.18	92.0	1.09	90.9	1.10	88.4	1.13
Title 19 (Medicaid) Funded Residents	35.1	59.3	0.59	46.7	0.75	55.0	0.64	65.3	0.54
Private Pay Funded Residents	45.6	13.3	3.43	27.5	1.66	22.5	2.03	20.2	2.26
Developmentally Disabled Residents	0.0	1.9	0.00	1.3	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	40.4	29.4	1.37	31.8	1.27	31.0	1.30	32.9	1.23
General Medical Service Residents	24.6	26.5	0.93	24.5	1.00	26.5	0.93	22.8	1.08
Impaired ADL (Mean)	58.2	53.7	1.08	50.6	1.15	52.3	1.11	49.2	1.18
Psychological Problems	66.7	53.4	1.25	61.3	1.09	58.3	1.14	58.5	1.14
Nursing Care Required (Mean)	7.9	7.7	1.03	7.5	1.05	7.3	1.08	7.4	1.06